ACCIDENT REPORT REQUEST

NAME: (please print) _____

MAILING ADDRESS: _____

_____

DAYTIME PHONE NUMBER: _____

HOME PHONE NUMBER: _____

CASE NUMBER (if known): _____

DATE OF ACCIDENT: _____

VICTIM: _____

_____

ASSIGNED DEPUTY/ DETECTIVE: _____

YOUR RELATIONSHIP TO CASE: _____

A TEN DOLLAR ($10.00) PER TRAFFIC ACCIDENT REPORT OR PHOTO FEE, IF ANY, REQUEST IS HEREBY ESTABLISHED TO BE CHARGED TO ANY PERSON, ATTORNEY, OR AUTHORIZED REPRESENTATIVE PRIOR TO BEING FURNISHED A COPY OF SUCH REPORT.

By signing this request form I understand charges for processing the request will be incurred.
Checks can be made payable to: Treasurer, Fauquier County

_____
(Signature)

_____
(date)

RECORD ROOM USE ONLY:

_____   □ Check# _____
(Completed by)

                                         □ Cash
_____
(Date)   □ Receipt# _____

Fauquier County Sheriff's Office, Professional Standards Division
78 West Lee Street, Warrenton, VA 20186 (540) 422-8600